

## Healthy Connections Prime FAQs for Nursing Facilities



Healthy Connections Prime is a program for South Carolina seniors 65 and older with Medicare and Healthy Connections Medicaid. It is designed to integrate all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits fully managed by a Medicare-Medicaid Plan (MMP). Healthy Connections Prime is a demonstration project jointly administered by Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services (SCDHHS).

### Introduction

#### 1. Who is eligible to enroll in Healthy Connections Prime?

In general, individuals who meet all of the following criteria will be eligible for Healthy Connections Prime:

- Age 65 years old or older;
- Entitled to Medicare Part A and enrolled in Parts B and D;
- Eligible for full Medicaid benefits;
- Not currently in hospice or receiving treatment for end-stage renal disease;
- Not currently under an **approved Medicaid-sponsored Long-Term Care (LTC) stay**; or
- Meeting the above criteria and enrolled in the Community Choices Waiver, HIV/AIDS Waiver or the Mechanical Ventilator Dependent Waiver.

**Note:**

- Residents currently in a nursing facility under a **Medicare skilled stay** are **eligible** to enroll in Healthy Connections Prime by choosing to opt-in or through passive enrollment.
- When medically necessary, currently enrolled Healthy Connections Prime **members who transition to a Medicaid-sponsored LTC stay may remain enrolled in the program** if they choose to.
- Currently enrolled Healthy Connections Prime **members who develop a need for hospice care or end-stage renal disease treatment can remain in the program if they choose to.**

Questions or concerns about eligibility can be sent to [PrimeProviders@scdhhs.gov](mailto:PrimeProviders@scdhhs.gov).

#### 2. How is this different from other programs?

Healthy Connections Prime is a new program that offers the following benefits to providers who have dual-eligible residents:

- **One card** (verify eligibility/coverage for only one program)
- **One party to bill** (no sequential billing - submit claim to one entity, payment comes from one entity)
- **One point of contact** regardless of service type (i.e., Medicare, Medicaid, Part D)
- **No coinsurance fees** for Medicare Part A and B related services; **\$0 copays for covered prescription drugs**  
**Note:** This does not apply to patient liability which is still required for Medicaid LTC stays.
- **No Estate Recovery** processes are applied **for members enrolled in an MMP for the duration of their membership**. However, it is applicable for any services received before or after their membership in an MMP.
- **Coordination of all member medical and non-medical needs**
  - Care coordinators can help members who return home
  - Leverage member's integrated care team, including the member's care coordinator
  - 6-month continuity of care for new members
  - Provide data to better understand member circumstances

## Medicaid-Sponsored Long-Term Care Stay Comparison Chart

### 3. How do Medicaid-Sponsored Long-Term Care/Custodial Care stays under Healthy Connections Prime compare to other Healthy Connections Medicaid programs?

The chart provides a comparison of Medicaid-Sponsored Long-Term Care/Custodial Care stays under Healthy Connections Prime to Medicaid Managed Care and Medicaid Fee-for-Service. It **does not** apply to Medicare Skilled Nursing stays.

Category*	Healthy Connections Prime	Medicaid Managed Care	Medicaid Fee-For-Service
<a href="#">Form 3400-B</a> (required)	✓	✓	✓
<a href="#">Level of Care Determination</a> ** (required)	✓	✓	✓
<a href="#">Form 181</a> (required)	✓	✓	✓
Prior Authorization (required)	✓	✓	No
Length of LTC stay	Unlimited (as medically necessary)	Limited Benefit (Based on Eligibility Updates)	Unlimited (as medically necessary)
Access to a Care Coordinator	✓	✓	No
Stay counted toward Medicaid Permit Days	No	No	✓ (excluding first 6 months of complex care)
Collection of Patient Liability	✓	✓	✓
Subject to Estate Recovery	No	No	✓
Party responsible for claims payments	MMP	MCO	SCDHHS
Prescription Drugs	\$0 for drugs, including LTC pharmacies	Varies by MCO	\$0 for drugs, including LTC pharmacies

\*Click on the hyperlink to access required forms. Facilities participating in the Phoenix pilot will continue to enter individuals into Phoenix for eligibility processing **only**. See claims “Billing and Claims Processing” for more details.

\*\* The Level of Care Determination process **will remain** the responsibility of SCDHHS.

### 4. How are Medicare rules different in Healthy Connections Prime?

- A three-day hospital stay is not required if the nursing facility stay is clinically appropriate and can avert an inpatient stay.
- A two-day Medicare Notice (NOMNC) is not required.

## Contracting and Out-of-Network Provisions

### 5. How do I join a Healthy Connections Prime provider network?

Providers are encouraged to join the multiple Healthy Connections Prime networks in order to provide continuous care to existing residents and to be part of this important initiative to coordinate care. To learn more about how you can become a Healthy Connections Prime network provider, please contact the representatives listed at this website: <https://msp.scdhhs.gov/SCDue2/site-page/plan-contact-information-0>.

### 6. Can I serve Healthy Connections Prime members even if I am not in a participating network?

It is possible for Healthy Connections Prime members to receive care from Out-of-Network nursing facilities. MMPs may offer a single-case agreement or full contract in order to provide reimbursement. MMP Care Coordinators will work with facility staff to support continuity of care and limit disruptions.

## Beneficiary Protections

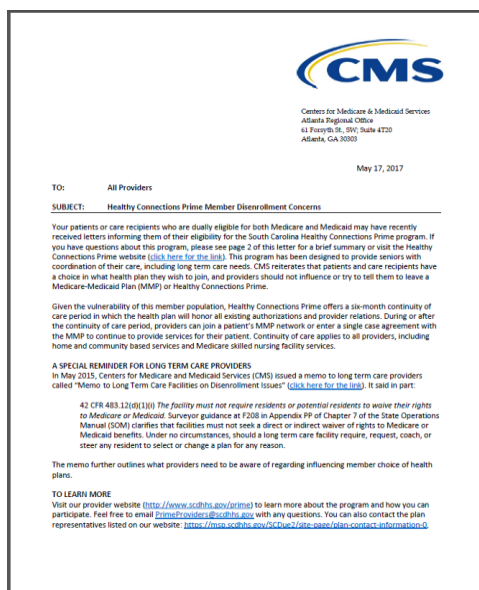
### 7. Can I have my resident disenroll if I don't want to participate in Healthy Connections Prime?

No, CMS has stated, "that patients and care recipients have a choice in what health plan they wish to join, and providers should not influence or try to tell them to leave a Medicare-Medicaid Plan (MMP) or Healthy Connections Prime." Please note that if an individual is passively assigned to an MMP and does not act to end their coverage, their membership is considered voluntary. See the CMS Notice to Providers located under the Provider Toolkit section of our website.

### 8. Where can I find more information on how Estate Recovery affects Healthy Connections Prime members?

Visit the Member and Advocate Materials section of our website for Estate Recovery Guidance. As mentioned earlier, estate recovery does not apply for members enrolled in an MMP for the duration of their membership in Healthy Connections Prime.

[CMS Notice to Providers](#)



[Click on Images  
for additional  
information](#)

[Guidance for Members](#)

BETTER CARE. BETTER VALUE. BETTER HEALTH.

ESTATE RECOVERY GUIDANCE | MEMBERS

**Estate Recovery Guidance for Healthy Connections Prime Members**

Healthy Connections Prime

If you are a member of Healthy Connections Prime, the medical expenses that you receive while in Healthy Connections Prime are **NOT** subject to estate recovery. Please read below to learn more.

**What is estate recovery?**

Estate recovery is a program required by federal law that allows your health care program or plan to recover funds from your estate for services you receive in a nursing facility and for home and community-based services.

**Does estate recovery affect Healthy Connections Prime members?**

- NO. Any services or items you receive while in Healthy Connections Prime are NOT subject to estate recovery. Neither the State of South Carolina nor your Medicare-Medicaid Plan (MMP) can recover money against your estate while you are enrolled in Healthy Connections Prime. This includes non-medical services or items such as Medicaid-sponsored nursing facility services or home and community-based services you may receive while on a Community and Long Term Care (CLTC) waiver.
- However, expenses for such services and items received while **NOT** enrolled in Healthy Connections Prime may be recovered.

Services/Items received <b>before you join</b> Healthy Connections Prime	Services/Items received <b>while enrolled in</b> Healthy Connections Prime	Services/Items received <b>after you disenroll from</b> Healthy Connections Prime
<p>Estate recovery is possible</p>	<p>No estate recovery</p>	<p>Estate recovery is possible</p>

**For More Information**

For more information about how estate recovery may impact you and your family, contact your MMP Care Coordinator (you should have received a letter with the Care Coordinator's contact information). You can also call your MMP's Member Services line (the number is in the back of your member ID card). Please note that there are three Healthy Connections Prime MMPs: Absolute Total Care, First Choice VIP Care Plus and Molina Dual Options.

Last updated: June 23, 2017

## Authorizations

### 9. How do I know if one of my residents is enrolled in Healthy Connections Prime under an MMP? How do I know which MMP to Contact?

The SCDHHS eligibility verification system (Webtool) can be used to identify the MMP in which the member is enrolled. Providers should check each resident's eligibility monthly to ensure there has not been a change in coverage.

### 10. How are prior authorizations handled?

Since MMPs are responsible for management and payment of both Medicare skilled stay or a Medicaid LTC stays for Healthy Connections Prime members, it is important that the facility clearly indicate which type of stay is being requested for authorization to assure proper payment.

- Facilities should contact each MMP for specific instructions on the authorization process.
- As part of the authorization request, the MMP **may** require the facility to submit a copy of the approved Form 181 signed by SCDHHS to confirm that the facility is requesting a Medicaid LTC stay.

### 11. What happens if a resident is passively assigned to an MMP while awaiting Medicaid LTC approval? How are prior authorizations handled for residents already in a nursing facility?

Residents in a facility that have not been approved for a Medicaid LTC stay are eligible for enrollment into Healthy Connections Prime. If a resident in a facility is passively assigned to an MMP before a prior authorization has been obtained, he or she will be covered under the [Continuity of Care Provision](#); therefore, a prior authorization is not required.

- The Continuity of Care Provision allows all residents receiving services at the time of enrollment into Healthy Connections Prime to maintain their current providers for six months, including those who are not part of the MMP's network.
- Facilities should work with the MMP during the Continuity of Care period to provide the necessary required documents and contracts to continue to serve the resident. A prior authorization may be required once the Continuity of Care Provision has expired.

## Billing and Claims Processing

### 12. How are claims processed?

- **Who do I contact for details about claims submission for Healthy Connections Prime members?**

Providers should contact the member's MMP for specific questions regarding claims and payments.

- **When are Medicaid LTC stays eligible for payment from an MMP?**

Medicaid LTC claims submitted to an MMP for a Healthy Connections Prime member **are eligible for payment after the MMP has been notified by SCDHHS that the member is financially eligible for the stay and all other eligibility criteria has been met.**

- **Effective April 15, 2018:** An MMP will deny a Medicaid LTC claim when the MMP has not received official notification that the member has been financially approved and determined eligible by SCDHHS for a Medicaid LTC stay by the time of the claims submission. This process mirrors the fee-for-service Medicaid payment process.
- SCDHHS will send each MMP a file that contains the nursing facility payment category information and patient liability details for all members with an approved Medicaid LTC stay. The information provided by SCDHHS will be used to verify dates of service for claims submissions.

- **When should claims be submitted to an MMP for payment? Who do I bill for dates of service?**
    - **While a resident is enrolled in Healthy Connections Prime:** After the member has been determined to be financially eligible and all other eligibility criteria has been met for a Medicaid LTC stay, claims for dates of service must be submitted to the MMP. No claims should ever be submitted to SCDHHS for payment under any circumstance. Facilities using Phoenix should not submit claims via Phoenix. All claims must be submitted to the MMP regardless of the eligibility request method originally submitted to SCDHHS for approval. (via paper Form 181 or electronically via Phoenix)
    - **Prior to or after a resident's enrollment in Healthy Connections Prime:** Claims for dates of service must be submitted to SCDHHS.
- Note:** Any claims submitted to SCDHHS for members enrolled in Healthy Connections Prime will be denied for the dates of service included in the member's enrollment.

- **What form should providers use to submit claims to MMPs?**  
MMPs usually require claims submission using the UB-04 Claim Form (also known as Form CMS-1450), which provides MMPs with the total institutional claims for each member. An example of this form is displayed to the right. Click on the image for the form and additional background.
- **How are claim dates of service discrepancies handled?**  
If a nursing facility is denied a claim for dates of service prior to the approved date indicated by the MMP, but the facility has an approved Form 181 indicating that the Healthy Connections Prime member is, in fact, eligible for the prior Medicaid LTC period, they should re-submit the claim form to the MMP and attach the Form 181 for review.
- **What is the time limit for submitting claims?**  
Timely filing rules apply to all claims submissions.

[Click image to download form](#)

### 13. How are co-insurance claims and bad debt paid?

Payments from MMPs constitute payment in full, including any coinsurance or bad debt obligations. MMPs are only required to reimburse providers for bad debt at the same percentage providers may have received under Fee-For-Service Medicare. For skilled nursing facilities, the allowable Medicare bad debt amount is 65 percent.

### 14. How is patient liability processed for members in Healthy Connections Prime?

- **How is patient liability determined and collected?**  
There is no change in how patient liability is determined under Healthy Connections Prime. SCDHHS Eligibility will determine the patient liability. Nursing facilities will continue to collect the identified amount directly from residents.
- **Why do I need to complete a Form 181 if MMPs use UB-04 forms for claims processing?**  
SCDHHS Form 181 (Notice of Admission, Authorization, and Change of Status for Long Term Care) must be completed for each resident as it covers authorization for services and the "patient liability" information. An example of Form 181 is to the left. Click on the image for the form. It is recommended that nursing facility providers maintain the resident's Form 181 on file, as MMPs may request this for supplemental information, but

[Click image to download form](#)

it should not be submitted to SCDHHS for payment. Phoenix captures this data when requests for Medicaid LTC are submitted.

- **How do MMPs know how much patient liability is owed by a member?**

Once a member receives financial approval for his or her Medicaid LTC stay, the MMP will receive a file from SCDHHS containing the patient liability for claims processing.

**Note:** Patient liability is not subject to the “no co-payment, no co-insurance” rules of the Healthy Connections Prime program that apply to Medicare Part A and B related services and covered prescription drugs.

## 15. How are bed-hold claims processed?

Each MMP has a different bed-hold reimbursement policy. Please check with the MMP directly to find out more about the existing bed-hold policy.

## 16. What are common issues that occur when submitting and processing claims?

- **Facilities file claims with the MMP but fail to complete the LTC eligibility documentation for SCDHHS eligibility.**

All eligibility processes are still required including completing a Level of Care Determination, submitting a Form 3400-B to SCDHHS, submitting a Form 181 to SCDHHS for approval, and collecting patient liability.

- **Facilities submit both a Phoenix claim or Form 181 to SCDHHS for payment and a claim form to the MMP for payment.**

Claims should only be submitted to the MMP for payment for dates of service the resident is enrolled in Healthy Connections Prime. The Form 181 is needed for eligibility determination and patient liability only and should not be submitted for payment to SCDHHS unless the resident was not enrolled in Healthy Connections Prime.

Facilities using Phoenix should not submit claims via Phoenix once they receive approval for an LTC stay. Claims must be submitted to the MMP as stated above.

- **The information provided in required documentation is not accurate/up-to-date.**

If necessary documentation sent to the MMP does not have accurate, up-to-date information (e.g., incorrect or non-matching dates of service), then inaccurate billing may occur. MMPs have the ability to recoup any extra money provided from an incorrect billing for up to one year after the incident occurred.

## 17. How should claims for hospice members be submitted?

Hospice providers must bill Fee-For-Service Medicare for **hospice services**. The nursing facility (not the hospice provider) must bill the MMP (not the SCDHHS) for **room and board**.

## For More Information

### 18. Who do I contact for additional questions on information about the program?

To learn more details about the program and how you can participate, visit our [website](#) for more information. You may also access the [Provider Toolkit](#) for additional provider resources, or email [PrimeProviders@scdhhs.gov](mailto:PrimeProviders@scdhhs.gov) for help with a specific question or concern.

### 19. Who are my MMP contacts for Nursing Facility questions?

Inquiries for Healthy Connections Prime members should be directed to the MMP in which, the member is enrolled. For direct contact information, see below:



#### Absolute Total Care (ATC):

Provider Services  
Phone: (855) 735-4398  
Email: [atcnetworkrelations@centene.com](mailto:atcnetworkrelations@centene.com)



#### First Choice VIP Care Plus:

Jay Mack, FACHE  
Phone: (843) 513-0484  
Email: [jhmack@selecthealthofsc.com](mailto:jhmack@selecthealthofsc.com)



#### Molina Dual Options:

Hetal Pathak  
Phone: (803) 334-1327  
Email: [Hetal.pathak@molinahealthcare.com](mailto:Hetal.pathak@molinahealthcare.com)